

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43384

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registration No. 11733

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4208 Blaine Ave.			Length of stay in 1b		STREET ADDRESS (If outside, give location) 1870 4208a Blaine Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Oscar Middle H. Last Lanquist			4. DATE OF DEATH Month Dec. Day 19, Year 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 19, 1889		9. AGE (In years last birthday) 67	
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Casing Cleaner			10b. KIND OF BUSINESS OR INDUSTRY Packing Co.		11. BIRTHPLACE (City and state or country) Cuba, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Wohn A. Lanquist				14. MOTHER'S MAIDEN NAME Sarah Jane Maynard			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Carra Lanquist, 4208a Blaine Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Chronic Myocarditis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.			4201				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Sullivan, Mo.		COUNTY STATE	
21. I attended the deceased from Dec 14th 1956 to Dec 19th 1956 and last saw her/him alive on Dec 19th Death occurred at 6 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lloyd L. Heid, M.D. (Degree or title)				22b. ADDRESS 2739 N Grand		22c. DATE SIGNED 12/21/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-21-56	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan, Mo.		
24. FUNERAL DIRECTOR ADDRESS Halbert Funeral Home, Steelville, Mo.				25. DATE RECD. BY LOCAL REG. DEC 22 1956		25. REGISTRAR'S SIGNATURE J. Earl Smith Jr 6712	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. 411

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.